



**CITIZENS PUBLIC SAFETY ACADEMY APPLICATION**

Name: \_\_\_\_\_ CPSA Dates - From: \_\_\_\_\_ To: \_\_\_\_\_  
(First, Middle, Last)

Date of Birth: \_\_\_\_\_ Male/Female: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
(Street/City/State/Zip)

Have you ever been arrested for any offense other than traffic?  Yes  No

If yes, where? \_\_\_\_\_ When? \_\_\_\_\_

What for? \_\_\_\_\_

Please briefly list or describe any civic activities or organizations you are involved in:

\_\_\_\_\_

From whom did you learn about the Academy? \_\_\_\_\_

How are you acquainted with him/her? \_\_\_\_\_

Shirt Size:  S  M  L  XL (Academy participants will be issued a shirt at the first class.)

Person to be contacted in case of emergency during your attendance at the Academy:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

*Authorization for Information*

*I hereby certify that the information contained in this application is true and complete to the best of my knowledge. You are hereby authorized to make any investigation of my personal history deemed necessary for consideration to attend the Citizens Law Enforcement Academy.*

Signature: \_\_\_\_\_ Date \_\_\_\_\_

PLEASE RETURN THIS APPLICATION TO THE NORTH PORT POLICE DEPARTMENT  
4980 CITY HALL BLVD., NORTH PORT, FL 34286



A Florida Law Enforcement Accredited Agency